NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493260004049

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
110 WEST ROAD SUITE 360

City or town, state or country, and ZIP + 4
BALTIMORE, MD 212042365

D Employer identification number
25-1679348

E Telephone number
(410) 243-9820

G Gross receipts $ 41,867,494

F Name and address of Principal Officer
CONSTANTINE M TRIANTAFIL
110 WEST ROAD SUITE 360
BALTIMORE, MD 212042365

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW IOCC ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1992

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities

IOCC, IN THE SPIRIT OF CHRIST'S LOVE, OFFERS EMERGENCY RELIEF AND DEVELOPMENT PROGRAMS TO THOSE IN NEED WORLDWIDE, WITHOUT DISCRIMINATION, AND STRENGTHENS THE CAPACITY OF THE ORTHODOX CHURCH TO SO RESPOND

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	800
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	32,360,672	41,015,394
9	Program service revenue (Part VIII, line 2g)	401,487	544,070
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,896	106,101
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	807,045	45,440
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,699,100	41,711,005
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,136,558	22,805,818
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,371,293	3,581,488
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 789,679)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	29,417,145	8,774,962
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	33,924,996	35,162,268
19	Revenue less expenses Subtract line 18 from line 12	-225,896	6,548,737

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	14,184,719	20,049,154
21	Total liabilities (Part X, line 26)	1,799,493	1,104,239
22	Net assets or fund balances Subtract line 21 from line 20	12,385,226	18,944,915

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2009-09-17
Signature of officer | Date

TAMARA SEGALL CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Bill Turco	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC 9737 WASHINGTONIAN BLVD 400 GAITHERSBURG, MD 208787340			EIN ▶ Phone no ▶ (301) 296-3600

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Gift in Kind Programming in Ukraine, Indonesia, Serbia, Bosnia, Jordan, Montenegro, Albania, Cameroon, Ethiopia, Georgia, Greece, Jerusalem/West Bank, Lebanon, Moldova, Syria, Slovenia, Romania, Zimbabwe and USA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 19,892,717 including grants of $ 19,830,351) (Revenue $ 544,070)

Gift in Kind Programming in Ukraine, Indonesia, Serbia, Bosnia, Jordan, Montenegro, Albania, Cameroon, Ethiopia, Georgia, Greece, Jerusalem/West Bank, Lebanon, Moldova, Syria, Slovenia, Romania, Zimbabwe and USA

4b (Code) (Expenses $ 4,391,124 including grants of $ 1,330,951) (Revenue $)

Education programs in Romania, Montenegro, Serbia, Georgia, Russia, Lebanon, Ethiopia, Jordan, USA and Bosnia

4c (Code) (Expenses $ 4,205,287 including grants of $ 247,528) (Revenue $)

Disaster Relief in Lebanon, Gaza, Switzerland, Greece, China, Myanmar, Georgia, Russia, Zimbabwe/East Africa, USA, Jerusalem/West Bank, and Iraq

(Code) (Expenses $ 4,158,414 including grants of $ 1,396,988) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 32,647,542 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	31		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country GR , ET , LE , IS , RO , GG , SY , JO See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 26		
b	Enter the number of voting members that are independent . .	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MD, AK, AL, AR, AZ, CA, CT, FL, GA, HI, KS, KY, MA, MI, MS, MN, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION
110 WEST ROAD SUITE 360
baltimore, MD 21204
(410) 243-9820

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FR MICHAEL ELLIAS , DIRECTOR	1 00	X						0	0	0
ALBERT FOUNDOS , DIRECTOR	1 00	X						0	0	0
YOUSIF HAMATI , DIRECTOR	1 00	X						0	0	0
ELIZABETH S HUTTINGER , DIRECTOR	1 00	X						0	0	0
MICHAEL HOMSEY , DIRECTOR	1 00	X						0	0	0
LILA KALINICH , DIRECTOR	1 00	X						0	0	0
GEORGE KALUDIS , DIRECTOR	1 00	X						0	0	0
FR LEONID KISHKOVSKY , DIRECTOR	1 00	X						0	0	0
ALEXANDER MACHASKEE , DIRECTOR	1 00	X						0	0	0
ANNE GLYNN MACKOUL , DIRECTOR	1 00	X						0	0	0
GEORGE MARCUS , DIRECTOR	1 00	X						0	0	0
MARIA MOSSAIDES , DIRECTOR	1 00	X						0	0	0
BERT MOYAR , DIRECTOR	1 00	X						0	0	0
BASIL PAPPAS , DIRECTOR	1 00	X						0	0	0
FR MICHAEL ROSCO , DIRECTOR	1 00	X						0	0	0
MARK STAVROPOULOS , DIRECTOR	1 00	X						0	0	0
THOMAS SUEHS , DIRECTOR	1 00	X						0	0	0
FRANK B CERRA , DIRECTOR	1 00	X						0	0	0
DONNA HADDAD , DIRECTOR	1 00	X						0	0	0
GEORGE DJURASOVIC , DIRECTOR	1 00	X						0	0	0
JAMES THOMAS , DIRECTOR	1 00	X						0	0	0
FR NICHOLAS TRIANTAFILO , DIRECTOR	1 00	X						0	0	0
GAYLE WOLOSCHAK , DIRECTOR	1 00	X						0	0	0
BEVERLY YANICH , DIRECTOR	1 00	X						0	0	0
TAMARA SEGALL , CHIEF FINANCIAL OFFICER	40 00			X				98,998	0	15,750
COnSTANTINE TRIANTAFILOU , CEO	40 00			X				155,064	0	18,218
GEORGE ANTOUN , LEBANON REGIONAL DIR	40 00					X		115,440	0	4,705

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								369,502	0	38,673

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 201,320				
	b	Membership dues	1b				
	c	Fundraising events	1c 460,137				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 6,776,175				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 33,577,762				
	g	Noncash contributions included in lines 1a-1f $ 26,759,990					
	h	**Total (Add lines 1a-1f)**		41,015,394			
Program Service Revenue			Business Code				
	2a	MICROCREDIT COLLECTION	900,099	544,070	544,070		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 544,070					
	3	Investment income (including dividends, interest other similar amounts)		106,101			106,101
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 132,496 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 460,137				
	b	Less direct expenses	b 156,489				
	c	Net income or (loss) from fundraising events		-23,993			-23,993
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER	900,099	69,433			69,433
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 69,433				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		41,711,005	544,070	0	151,541

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,234,104	3,234,104		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	19,571,714	19,571,714		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,871	175,758	75,441	40,672
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,509,959	1,511,437		349,762
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,924	22,837	9,802	5,285
9 Other employee benefits	452,125	272,259	116,863	63,003
10 Payroll taxes	289,609	174,396	74,856	40,357
11 Fees for services (non-employees)				
a Management				
b Legal	60,659		60,659	
c Accounting	131,227		131,227	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	246,725	227,484	19,241	
12 Advertising and promotion	264,796	88,482	79,734	96,580
13 Office expenses	1,340,806	979,566	249,183	112,057
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	848,270	625,087	152,288	70,895
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	2,010,891	1,985,739	17,405	7,747
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,161	5,325	16,231	605
23 Insurance	45,583		45,583	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a site support	2,363,176	2,363,176		
b loss on commodities	611,140	611,140		
c construction costs	531,168	531,168		
d partner overhead	172,134	172,134		
e bad debt	73,572	73,572		
f All other expenses	52,654	22,164	27,774	2,716
25 **Total functional expenses.** Add lines 1 through 24f	35,162,268	32,647,542	1,725,047	789,679
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	3,177,101	1	3,583,208
	2	Savings and temporary cash investments	1,142,509	2	1,145,457
	3	Pledges and grants receivable, net	854,401	3	328,574
	4	Accounts receivable, net	261,953	4	384,784
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	1,258,498	7	1,536,468
	8	Inventories for sale or use	7,375,118	8	12,951,583
	9	Prepaid expenses and deferred charges	57,652	9	62,976
	10a	Land, buildings, and equipment cost basis — 10a: 270,925			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 227,908	36,911	10c	43,017
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	12,216	12	5,568
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	8,360	15	7,519
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	14,184,719	16	20,049,154
Liabilities	17	Accounts payable and accrued expenses	436,172	17	309,629
	18	Grants payable		18	
	19	Deferred revenue	729,321	19	794,610
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	634,000	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*		25	
	26	**Total liabilities.** *Add lines 17 through 25*	1,799,493	26	1,104,239
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,120,198	27	3,851,968
	28	Temporarily restricted net assets	8,133,528	28	14,961,447
	29	Permanently restricted net assets	131,500	29	131,500
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	12,385,226	33	18,944,915
	34	Total liabilities and net assets/fund balances	14,184,719	34	20,049,154

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)
4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	22,668,331	20,432,459	30,868,626	32,360,672	41,539,789	147,869,877
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	22,668,331	20,432,459	30,868,626	32,360,672	41,539,789	147,869,877
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						147,869,877

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	22,668,331	77,939	30,868,626	32,360,672	41,539,789	147,869,877
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,888	77,939	60,921	129,896	106,101	481,745
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,988	260,669	399,438	187,913	69,433	926,441
11 **Total Support** (Add lines 7 through 10)						149,278,063

12	Gross receipts from related activities, etc (See instructions)	12	945,557

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	99 060 %
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	98 840 %

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	9,265,028				
b Contributions	32,209,274				
c Investment earnings or losses	3,973				
d Grants or scholarships	22,805,818				
e Other expenditures for facilities and programs	2,579,510				
f Administrative expenses					
g End of year balance	16,092,947				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 6 210 %
- b Permanent endowment ▶ 0 820 %
- c Term endowment ▶ 92 970 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		270,925	227,908	43,017
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				43,017

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	41,711,005
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	35,162,268
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,548,737
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,952
9	Total adjustments (net) Add lines 4 - 8	9	10,952
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,559,689

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	43,097,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1,259,070		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-28,993		
e	Add lines **2a** through **2d**			2e	1,230,077
3	Subtract line **2e** from line **1**			3	41,867,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-156,489		
c	Add lines **4a** and **4b**			4c	-156,489
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	41,711,005

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	36,537,882
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,259,070		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	145,537		
e	Add lines **2a** through **2d**			2e	1,404,607
3	Subtract line **2e** from line **1**			3	35,133,275
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	28,993		
c	Add lines **4a** and **4b**			4c	28,993
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	35,162,268

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		gain on currency fluctuations
Part XII, Line 2d - Other Adjustments		transfer to foundation
Part XII, Line 4b - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES
Part XIII, Line 2d - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES gain on currency fluctuations
Part XIII, Line 4b - Other Adjustments		transfer to foundation

Part XIV Supplemental Information *(continued)*

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		gain on currency fluctuations
Part XII, Line 2d - Other Adjustments		transfer to foundation
Part XII, Line 4b - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES
Part XIII, Line 2d - Other Adjustments		METROPOLITAN COMMITTEE ACTIVITY EXPENSES gain on currency fluctuations
Part XIII, Line 4b - Other Adjustments		transfer to foundation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)	4	13	Programs & Grants	Education, Disaster Relief, Agricultural Development, & Health Programs	10,313,478
Middle east and north africa	4	53	Programs & Grants	Education, Refugee aid, Disaster Relief, Agricultural Development, & Health Programs	9,997,818
Sub-Saharan Africa	1	9	Programs & Grants	Education & Health Programs	9,297,470
Russian and the newly independent States	3	9	Programs & Grants	Education, Refugee aid, Disaster Relief, Agricultural Development, & Health Programs	2,334,312
Totals ▶	12	84			31,943,078

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 45

3 Enter total number of other organizations or entities ▶ 22

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 When IOCC gives a grant outside the U S , we monitor the implementation of the project through interaction with the grantee After the completion of the project, we get a final report from the grantee In addition, depending on the grant, we often ask for copies of bills paid and may have an IOCC staff visit the project site

Additional Data Return to Form

Software ID:
Software Version:
EIN: 25-1679348
Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Grant for emergency response	10,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Provision of Medial Supplies and Pharmaceuticals			1,097,749	Medial Supplies and Pharmaceuticals	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	General Support for Agricultural Equipment	21,076	Wire transfer			
		Europe (Including Iceland and Greenland)	General Support for Agricultural Equipment	7,531	Wire transfer			
		Europe (Including Iceland and Greenland)	General Support to ACED	113,535	Wire transfer			
		Europe (Including Iceland and Greenland)	General Support to ACED	5,016	Wire transfer			
		Europe (Including Iceland and Greenland)	General Support for Agricultural Equipment	20,868	Wire transfer			
		Europe (Including Iceland and Greenland)	General Support for Agricultural Equipment	5,391	Wire transfer			
		Europe (Including Iceland and Greenland)	Provision of School and Baby Kits			225,390	School and Baby Kits	Deed of Donation provided by supplier
		Sub-Saharan Africa	General Support to cover conference of Ethiopian Church leaders	5,000	Check			
		Sub-Saharan Africa	Provision of Textbooks			854,639	Textbooks	Deed of Donation provided by supplier
		Russian and the newly independent States	Fostering healthy life style among the youth in Georgia conducting educative seminars/workshops, organizing excursions, walking tours and sporting events	28,041	Wire transfer			
		Russian and the newly independent States	Medications for Greek medical Center			7,256	Medications	FMV
		Russian and the newly independent States	Provision of Textbooks			850,334	Textbooks	Deed of Donation provided by supplier
		Russian and the newly independent States	Provision of School Kits			16,570	School Kits	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	Provision of Wheelchairs and Sports Clothing			122,550	Wheelchairs and Sports Clothing	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	Provision of Wheelchairs and Sports Clothing			72,900	Wheelchairs and Sports Clothingr	Deed of Donation provided by supplier
		Middle east and north africa	Support for Electricity, Water, Heating and Food Supplies	17,300	Wire transfer			
		Middle east and north africa	Provision of school, baby, hygiene kits, quilts, blankets and food			5,000	school, baby, hygiene kits, quilts, blankets and food	Deed of Donation provided by supplier
		Middle east and north africa	Provision of school, baby, hygiene kits, quilts, blankets and food			5,000	school, baby, hygiene kits, quilts, blankets and food	Deed of Donation provided by supplier
		Middle east and north africa	Provision of Pharmaceuticals			630,934	Pharmaceuticals	Deed of Donation provided by supplier
		Middle east and north africa	provision textbooks			733,131	textbooks	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			5,041	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			5,041	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			5,041	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			5,321	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			5,601	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			7,001	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			8,401	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			8,401	New Born Baby Kits	Deed of Donation provided by supplier

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle east and north africa	Provision of New Born Baby Kits			8,401	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			8,401	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Provision of New Born Baby Kits			16,802	New Born Baby Kits	Deed of Donation provided by supplier
		Middle east and north africa	Assisting in Establishing a Computer Center,Purchase of Equipment and A Dairy Factory-Purchase of Equipment	19,222	Cash Payments /Bank Checks			
		Middle east and north africa	Respond to the needs through Art & Drama activities for children and distribution of educational material and equipment	11,170	Bank Checks			
		Middle east and north africa	Lebanon Education Assistance for Development, Distribution for Public Scools- Computer Labs, Science Labs, Media Libraries, Music Instruments, Educational Toys, OutDoor Games, Computers, Videos, Faxes, Theatre Equipment	392,782	Cash Payments /Bank Checks			
		Middle east and north africa	Assistance for School, Distribution of PC, LCD, Screen, UPS	5,000	Bank Checks			
		Middle east and north africa	Provision of Pharmaceuticals			316,224	Pharmaceuticals	Deed of Donation provided by supplier
		Middle east and north africa	Provision of Textbooks			1,180,686	Textbooks	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	General support to Association of Paraplegics	5,159	Wire transfer			
		Europe (Including Iceland and Greenland)	Registration of People living with Disability	5,337	Wire transfer			
		Europe (Including Iceland and Greenland)	Provision of Textbooks			1,064,827	Textbooks	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	Grant for Foundation - "Follow-up and sustainability strategy for IMPACT" - capacity building activities for New Horizons Foundation to act as a resource center for IMPACT clubs and supporting IMPACT clubs with office supplies for the next year	15,097	Wire transfer			
		Europe (Including Iceland and Greenland)	Provision of Personal Hygiene Items			226,190	Personal Hygiene Items	Deed of Donation provided by supplier
		Russian and the newly independent States	Grant to support Children's Hospice medical salaries	6,230	Wire transfer			
		Russian and the newly independent States	Grant for ACT AIDS Conference	10,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Culinary academy operational expenses-orphanage	6,300	Wire transfer			
		Europe (Including Iceland and Greenland)	Support of Culinary Institute	10,000	Wire Transfer			
		Europe (Including Iceland and Greenland)	General support to community centre	5,343	Wire transfer			
		Europe (Including Iceland and Greenland)	Expanding the Monastic Vineyard	12,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Installation of Central heating system in a kindergarten	5,103	Wire transfer			
		Europe (Including Iceland and Greenland)	Firewood for Monastery	5,600	Wire transfer			
		Europe (Including Iceland and Greenland)	Provision of bed linen, sports clothing, baby kits, school kits, ice coolers, food, and textbooks			2,616,271	bed linen, sports clothing, baby kits, school kits, ice coolers, food, and textbooks	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	Provision of Textbooks			528,625	textbooks	Deed of Donation provided by supplier
		Europe (Including Iceland and Greenland)	Grant to ACT Int'l earthquake victims in China	5,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Grant to ACT Int'l NCA & DCA for Cyclone Nargis victims in Myanmar	10,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Grant for IOCC's response to ACT appeal for China Earthquake	20,000	Wire transfer			
		Europe (Including Iceland and Greenland)	Grant for IOCC's response to ACT appeal ASM Y81, to Danish and Norwegian Church Aid	14,027	Wire transfer			
		Europe (Including Iceland and Greenland)	IOCC Grant towards ACT Operating Budget for 2008	10,000	Wire transfer			
		Europe (Including Iceland and Greenland)	IOCC Grant towards ACT Operating Budget	10,000	Wire transfer			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Grant to ACT for China/Myanmar disaster needs	2,881	Wire transfer			
		Europe (Including Iceland and Greenland)	Grant to ACT for China/Myanmar disaster needs	5,156	Wire transfer			
		Middle east and north africa	Equipping the Bedrooms of the new girl hostel	15,000	Bank Checks			
		Middle east and north africa	Provision of School and Baby Kits			523,288	School and Baby Kits	Deed of Donation provided by supplier
		Russian and the newly independent States	Provision of Medical Supplies			607,907	Medical Supplies	Deed of Donation provided by supplier
		Sub-Saharan Africa	Provision of Medial Supplies and Pharmaceuticals			5,422,441	Medial Supplies and Pharmaceuticals	Deed of Donation provided by supplier

Form 990 Schedule F Part III - Grants and Other Assistance to Individuals Outside The United States

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Household Items	Russian and the newly independent States	38			1,190	Donated Blankets and Quilts	Deed of Donation provided by supplier
Items to assist with newborns	Russian and the newly independent States	11			8,775	Donated New Born Baby Kits	Deed of Donation provided by supplier
Hygiene Kits	Russian and the newly independent States	1,416			63,468	Donated Hygiene Kits	Deed of Donation provided by supplier
Household Items	Europe (Including Iceland and Greenland)	3			1,913	Food, 2 stoves, 2 washing machines, refrigerator, vacuum cleaner	FMV
Household Items	Russian and the newly independent States	650			17,693	Gas cooker filled with gas	FMV
Household Items	Russian and the newly independent States	2,000			12,360	Clothing set	FMV
Household Items	Russian and the newly independent States	4,360			72,452	Blankets	FMV
Household Items	Russian and the newly independent States	146			3,539	Pillows	FMV
Household Items	Russian and the newly independent States	2,300			14,689	Bed linen	FMV
Household Items	Russian and the newly independent States	2,000			9,450	Cutlery set	FMV
Household Items	Russian and the newly independent States	650			20,281	Kitchen Ustensils	FMV
Farm animals and tools	Middle east and north africa	10			12,140	Sheep,Tools,Fodder	FMV
Garden tools	Middle east and north africa	240			172,474	Home Gardens,Beehives,Tools	FMV
Garden tools	Middle east and north africa	240			34,530	Home Gardens,Beehives,Tools	FMV
Foods parcels, hygiene kits	Middle east and north africa	880			24,892	Distribution of Food Parcels(Cooking oil, tomato paste, sugar, salt, tuna, jam), Hygiene Parcels(Shampoo, washing powder, toilet paper, antiseptic)	FMV
Foods parcels, hygiene kits	Middle east and north africa	2,387			333,919	Distribution of Food Parcels(Cooking oil, tomato paste, sugar, salt, tuna, jam), Hygiene Parcels(Shampoo, washing powder, toilet paper, antiseptic)	FMV
Hygiene Kits	Middle east and north africa	18,135			392,065	Distribution of Hygiene Kits(Shampoo, Antiseptic, Washing Powder, tooth paste, shaving paste), Infant Parcels(Daipers, Baby Shampoo, Soap, Powder), Kitchen Sets (Spoons, Knifes, Tea Pots, Plates, Pans), Bedding Sets(Blankets, Bed Cover, Pillow Cover)	FMV
Foods parcels, hygiene kits	Middle east and north africa	88			2,557	Distribution of Food Parcels(Cooking oil, tomato paste, sugar, salt, tuna, jam), Hygiene Parcels(Shampoo, washing powder, toilet paper, antiseptic)	FMV
Foods parcels, hygiene kits	Middle east and north africa	652			19,384	Distribution of Food Parcels(Cooking oil, tomato paste, sugar, salt, tuna, jam), Hygiene Parcels(Shampoo, washing powder, toilet paper, antiseptic)	FMV
Hygiene Kits	Middle east and north africa	1,000			29,564	Distribution of Hygiene Kits(Shampoo, Antiseptic, Washing Powder, tooth paste, shaving paste)	FMV
Household Items	Middle east and north africa	745			35,873	Distribution of Kitchen Sets(Spoons, Knifes, Tea Pots, Plates, Pans), Bedding Sets(Blankets, Bed Cover, Pillow Cover)	FMV
Clothing	Europe (Including Iceland and Greenland)	30			1,500	Donated Sports Clothing	Deed of Donation provided by supplier
Items to assist with newborns	Middle east and north africa	19			1,372	Donated New Born Baby Items	Deed of Donation provided by supplier
Household Items, household items	Russian and the newly independent States	100			9,631	Hygiene supplies, bed-clothes, towels, detergents and soap, kitchen and home utensils, some toys, baby food, diapers	FMV

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CHICAGO METRO COMMITTEE (event type)	(b) Event #2 CLEVELAND METRO COMMITTEE (event type)	(c) Other Events 36 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	69,328	69,379	453,926	592,633
	2 Less Charitable contributions	55,470	61,279	343,388	460,137
	3 Gross revenue (line 1 minus line 2)	13,858	8,100	110,538	132,496
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	22,062	7,358	127,069	156,489
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				156,489
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-23,993

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 17

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 When IOCC gives a grant in the U S , we have a careful selection process After the grant, we monitor the implementation of the project through interaction with the grantee After the completion of the project, we get a final report or follow-up from the grantee In addition, depending on the grant, we may make a visit to the project site

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 25-1679348
Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Head Start Association1651 Prince St Alexandria, VA 22314	52-1282065	501(c)(3)		821,972	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
Peja Stojakovic Children's Foundation18704 s 114th ave Mokena, IL 60448	56-2405512	501(c)(3)		822,176	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
Desire Street Ministries600 Desire Parkway New Orleans, LA 70126	72-1218825	501(c)(3)		9,000	Deed of Donation from Supplier	Used textbooks	Provision of Used textbooks
Desire Street Ministries600 Desire Parkway New Orleans, LA 70126	72-1218825	501(c)(3)		50,000	Deed of Donation from Supplier	Clean-up kits	Provision of Clean-up kits
American Red Cross2025 E Street NW washington, DC 20006	53-0196605	501(c)(3)		139,520	Deed of Donation from Supplier	Misc hygiene items	Provision of Misc hygiene items
Desire Street Ministries600 Desire Parkway New Orleans, LA 70126	72-1218825	501(c)(3)		1,012,673	Deed of Donation from Supplier	New textbooks	Provision of New textbooks
Medical Teams International 14150 SW Milton Court Tigard, OR 97224	93-0878944	501(c)(3)		269,070	Deed of Donation from Supplier	Personal hygiene kits	Provision of Personal hygiene kits
Medical Teams International 14150 SW Milton Court Tigard, OR 97224	93-0878944	501(c)(3)	7,000				Grant for Indonesia Dental Project Teams
St John the Wonderworker 543 cherokee ave atlanta, GA 30312	58-2624939	501(c)(3)	10,000				Soup Kitchen
Desire Street Ministries (Desire Street Academy)600 Desire Parkway New Orleans, LA 70126	72-1218825	501(c)(3)	10,000				Hurrican Katrina Relief Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Habitat for Humanity - St Tammany West1400 North Lane mandeville,LA 70471	72-0921695	501(c)(3)	10,000				Hurricane Relief Assistance
Penelope HousePO Box 9127 mobile,AL 36691	63-0763198	501(c)(3)	19,000				Hurricane Relief Assistance
iocc foundation110 west rd baltimore,MD 20214	86-1131936	501(c)(3)	28,993				assistance with charitable activities

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
COnSTANTINE TRIANTAFILOU	(i) (ii)	155,064			7,088	13,274	175,426	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 25-1679348
Name: INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		15,458,262	DONATION LETTER
5	Clothing and household goods	X		913,732	DONATION LETTER
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	2	42,406	DONATION LETTER
20	Drugs and medical supplies	X	10	8,671,504	DONATION LETTER
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe SCHOOL KITS)	X	9	737,424	DONATION LETTER
26	Other (describe HYGIENE/HEALTH KITS)	X	9	886,662	DONATION LETTER
27	Other (describe CLEANUP KITS)	X	9	50,000	DONATION LETTER
28	Other (describe)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	47

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Third Party Use	Part I, Line 32b	Third party organizations are enlisted to assist in the delivery of commodities in the countries to which relief and assistance is being provided

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Development Programs (Agricultural, Community and Refugees) in Bosnia, Montenegro, Russia, Iraq, Jerusalem/WB, Ethiopia, Serbia, Kosovo, Georgia, Lebanon, Syria and USA Expenses $ 3903944 including grants of $ 1396988 Revenue $ 0

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	other programs Expenses $ 254470 including grants of $ 0 Revenue $ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Constantine M Triantafilou, Chief Executive Officer and Executive Director and Fr Nicholas C Triantafilou, Director - family relationship - Father-Son

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		During 2008, IOCC received donated textbooks from Brothers Brother Foundation for a total 1,771 cartons of textbooks which equated to 35,335 textbooks worth $1,455,351 per the deed of donation The original donation received from BBF was provided by McGraw Hill IOCC's obligation is to BBF not McGraw Hill This transaction is deemed a contribution rather than an exchange transaction as IOCC has no obligation to the donor related to the textbooks received While the textbooks were being processed for distribution, the shipment incurred duty-free issues upon entry As such, the textbooks had to be kept at the port until the situation could be rectified Once the issue was resolved, the textbooks were then shipped and it was then noticed that the cartons had been opened and the textbooks were missing A count was then taken at the recommendation of the police and it was discovered that only 1,040 cartons has been received Therefore, it was noted that 731 cartons or 15,351 textbooks were missing for a loss of $600,712 based on the calculated per unit cost The donor was immediately notified

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 will be reviewed in detail by the CFO and HQ Finance department and then sent to IOCC's Board of Directors for their viewing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each board member is required to sign the Conflict of Interest policy statement In December 2008 we sent out the Conflict of Interest Disclosure statement to all Board members Beginning in FY 2009 we will request an update at each (semi-annual) board meeting related to any new conflicts that may now be applicable If a board member has a change they will be required to complete a new disclosure checklist

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive director, officers and key employee compensation is brought to the administrative committee of the board for review and approval Generally each employee including the officers, directors and key employees, are reviewed annually in accordance with our Annual Performance Appraisal system The results of the appraisal are brought to the administrative committee where the recommended compensation is reviewed and compared against other comparable salaries We use Paychex Premier Services to process our payroll and they provide comparable salary amounts for the committee to review

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents, conflict of interest documents and financial statements are available to the public upon request The financial statements are published within our annual report

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2A	FINANCIAL AUDIT BY AN INDEPENDANT ACCOUTANT	ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS, IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS AFFILIATES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC

Employer identification number
25-1679348

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
IOCC FOUNDATION INCORPORATED 110 WEST ROAD SUITE 360 TOWSON, MD21204 86-1131936	CHARITABLE PURPOSES	DE	501(C)(3)	type 1	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes
d	Loans or loan guarantees to or for other organization(s)	1d	No
e	Loans or loan guarantees by other organization(s)	1e	No
f	Sale of assets to other organization(s)	1f	No
g	Purchase of assets from other organization(s)	1g	No
h	Exchange of assets	1h	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes
n	Sharing of paid employees	1n	Yes
o	Reimbursement paid to other organization for expenses	1o	No
p	Reimbursement paid by other organization for expenses	1p	No
q	Other transfer of cash or property to other organization(s)	1q	No
r	Other transfer of cash or property from other organization(s)	1r	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No